

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/25/274

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		2					53		1				
4		2					54		1				
5		1					55	1					
6		1					56		1				
7		1					57		2				
8		1					58		1				
9	1						59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63	1					
14		1					64		1				
15		1					65		2				
16	1						66		2				
17		1					67	1					
18		2					68		1				
19		2					69		2				
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24	1						74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33		2					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39	1						89						
40		1					90						
41		2					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47	1						97						
48		1					98						
49		2					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	10	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	78	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	80					